

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 570600 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8	2					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21						
22						
23						
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	3					
32	3					
33	5					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41						
42						
43	1					
44						
45						
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	0	1				
56	1					
57	1					
58	1					
59	1					
60	2					
61	2					
62	1					
63	1					
64						
65		1				
66	1					
67	1					
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	3					
78	3					
79	2					
80	4	1				
81	1					
82	2					
83	2					
84	2					
85	2					
86	1					
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						